PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Complete if Known   Consolidated Appropriations Act, 2005 (H.R. 4819).   FEE TRANSMITTAL   FOF FY 2005   First Named Inventor   George G. Barclay   Examiner Name   Y. C. Thornton   At Unit   Application Number   Other (please identify):   Edwards & Angell, LLP	Under the Paperwork Reduction Act of 1995, no person are required to						
FEE TRANSMITTAL FOR FY 2005  Application Number Filing Date For FY 2005  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (\$) 2,380.00  Attorney Docket No.  Total Cambridge (Serge G. Barclay)  Examiner Name  Y. C. Thornton  At Unit  1752  TOTAL AMOUNT OF PAYMENT (\$) 2,380.00  Attorney Docket No.  Total Cambridge (Serge G. Barclay)  Examiner Name  Y. C. Thornton  At Unit  1752  TOTAL AMOUNT OF PAYMENT (check all that apply)  Total Card  Money Order  None Other (please identify):  Edwards & Angell, LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  X Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity Fee (\$) Fee (	Effective on 12/08/2004.						
FIGURE TY 2005    Applicant claims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT   (\$) 2,380.00   Attorney Docket No.   51065(70329)	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number	10/082,769-Conf. #4396				
FOR FY 2005  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (\$) 2,380.00  Attorney Docket No. 51065(70329)  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  X Deposit Account Deposit Account, the Director is hereby authorized to: (check all that apply)  X Charge fee(s) indicated below Credit (and Charge fee(s)) or underpayment of fee(s) under 37 CFR 1.16 and 1.17  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES Fee (\$) Fe	I FEE TRANSMITTAL	Filing Date	February 25, 20	002			
Applicant claims small entity status. See 37 CFR 1.27	For FV 2005			clay			
METHOD OF PAYMENT (check all that apply)    Check	101112003	Examiner Name					
METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  X Deposit Account Deposit Account Name: Edwards & Angell, LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  X Charge fee(s) indicated below. except for the filing fee of the fee(s) indicated below. except for the filing fee of the fee(s) indicated below. except for the filing fee of the fee(s) indicated below. except for the filing fee of the fee(s) indicated below. except for the filing fee of the fee(s) indicated below. except for the filing fee of the fee(s) indicated below. except for the filing fee of the fee(s) indicated below. except for the filing fee of the fee(s) indicated below. except for the filing fee of the fee(s) indicated below. except for the filing fee of the fee(s) indicated below. except for the filing fee of the fee(s) indicated below. except for the filing fee of the fee(s) indicated below. except for the filing fee of the filing fee of the fee(s) indicated below. except for the filing fee of t	Applicant claims small entity status. See 37 CFR 1.27	Art Unit					
Check Credit Card Money Order None Other (please identify):    X   Deposit Account   Deposit Account Number   O4-1105   Deposit Account Name:   Edwards & Angell, LLP	TOTAL AMOUNT OF PAYMENT (\$) 2,380.00	Attorney Docket No.	51065(70329)				
Edwards & Angell, LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    X   Charge fee(s) indicated below   Charge fee(s) indicated below   X   Charge fee(s) indicated below   X   Charge fee(s) indicated below   X   Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17    EEE CALCULATION	METHOD OF PAYMENT (check all that apply)						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    X   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee   X   Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17   X   Credit any overpayments    FEE CALCULATION	Check Credit Card Money Order Nor	ne Other (please ide	entify):				
X   Charge fee(s) indicated below   X   Charge fee(s) indicated below, except for the filing fee   X   Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17   X   Credit any overpayments   X   Credit any overpayment   X   Cr	x Deposit Account Deposit Account Number: 04-1105 Deposit Acc	count Name: E	dwards & Angel	I, LLP			
X   Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17   X   Credit any overpayments	For the above-identified deposit account, the Director is	hereby authorized to: (ch	eck all that apply)				
Fee CALCULATION   1. BASIC FILING, SEARCH, AND EXAMINATION FEES   Small Entity   Fee (\$)   Fee	x Charge fee(s) indicated below	Charge fee(s) in	ndicated below, ex	cept for the filing fee			
Total Claims		x Credit any over	payments				
FILING FEES   Small Entity   Fee (\$)   Fee (	FEE CALCULATION	•					
Small Entity   Fee (\$)   Fee (\$)	1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
Papel							
Utility   300   150   500   250   200   100		. <del></del>		Fees Paid (\$)			
Design   200   100   100   50   130   65							
Plant   200   100   300   150   160   80		50 1 130	65				
Reissue         300         150         500         250         600         300           Provisional         200         100         0         0         0         0           2. EXCESS CLAIM FEES         Small Entity         Fee (\$)         25         Each claim over 20 (including Reissues)         200         100         100         Multiple dependent claims         360         180         180         Total Claims         Extra Claims         Fee (\$)         Fee Paid (\$)         Multiple Dependent Claims         Fee Paid (\$)		150 160	80				
Provisional         200         100         0         0         0           2. EXCESS CLAIM FEES         Small Entity           Fee Description         Fee (\$)         Fee (\$)           Each claim over 20 (including Reissues)         50         25           Each independent claims         200         100           Multiple dependent claims         360         180           Total Claims         Extra Claims         Fee (\$)         Fee Paid (\$)           20         -40 =         x         =         Fee (\$)           Indep. Claims         Extra Claims         Fee (\$)         Fee Paid (\$)           3         -6 =         x         =           3. APPLICATION SIZE FEE           If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer			300				
Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claims  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee Paid (\$)  Fee Paid (\$)  Analysis Fee Paid (\$)  Analysis Fee Paid (\$)  Analysis Fee Paid (\$)  Analysis Fee Paid (\$)  Application Size Fee  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0				
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Amultiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Amultiple Dependent Claims  Fee Paid (\$)  Fee Paid (\$)  Amultiple Dependent Claims  Fee Paid (\$)  Fee Paid (\$)  Amultiple Dependent Claims  Fee Paid (\$)  Fee Paid (\$)	2. EXCESS CLAIM FEES						
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  3     -6 =							
Multiple dependent claims  Total Claims 20 -40 = x = Fee (\$) Fee Paid (\$)  Indep. Claims 360 180  Multiple Dependent Claims Fee (\$) Fee Paid (\$)  Indep. Claims 3 -6 = x = 3  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer	· · · · · · · · · · · · · · · · · · ·			* -			
Total Claims   Extra Claims   Fee (\$)   Fee Paid (\$)   Multiple Dependent Claims   20							
20 -40 = x =   Fee (\$)   Fee Paid (\$)	[ -	Paid (\$)	Multinle Depende				
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  3 -6 =		<del></del>					
3 -6 = x = 3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer	^	<u> </u>					
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer	Indep. Claims Extra Claims Fee (\$) Fee I	Paid (\$)					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer	3 -6= x = =	<del></del>					
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sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)		·		Fee Paid (\$)			
-100 = /50 (round up to a whole number) x =		(round up to a whole number	r) x =	=			
4. OTHER FEE(S)  Pees Paid (\$)  Non-English Specification \$130 for (no small entity discount)	• •	aunt)		Fees Paid (\$)			
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1254 Extension for response within fourth month 1,590.00	Other (e.g., lete filing surpherse). 1254 Extension for re-	ount) sponse within fourth mo	onth	1,590.00			
1801 Request for continued examination (RCE) (see 37 790.00	Other (e.g., late filing surcharge): 1234 Extension of response within fourth month 1,330.  1801 Request for continued examination (RCE) (see 37 790.0						

SUBMITTED BY					
Signature	M	Registration No. (Attorney/Agent)	33,860	Telephone	(617) 439-4444
Name (Print/Type)	Peter F. Corless			Date	September 23, 2005

I hereby certify that this correspondence i	s being deposited with the U.S. Postal Service as Exp	press Mail, Airbill No. EV711313627US,
in an envelope addressed to: MS RCE, C	Commissioner for Patents, P.O. Box 1450, Alexandria	, VA 22313-1450, on the date shown
below.		
Dated: September 23, 2005	Signature:	(Peter F. Corless)